

**EMERGENCY CONTRACEPTION (EC)
RECORD**

Date _____

Name _____

Age _____ Date of Birth _____

Allergies _____

Current Method of Contraception _____

Current Medications _____

Last Normal Menstrual Period (LNMP) _____

Last bleeding episode, if not LNMP _____

Reason for requesting EC _____

Date of most recent unprotected sexual intercourse _____ Time _____ AM/PM

Number of hours since unprotected intercourse _____

Any other unprotected intercourse since LNMP or other bleeding episode ☐ yes ☐ no

If yes, list dates and times of other unprotected intercourse _____

History

Now pregnant? ☐ yes ☐ no

Unexplained vaginal bleeding? ☐ yes ☐ no

Allergy to any ingredient in Emergency Contraception? ☐ yes ☐ no

Urine Pregnancy Test

☐ pos ☐ neg

Exam (if indicated) _____

EC Consent signed? ☐ yes ☐ no

EC Rx: _____

PO immediately ☐ yes Time given _____

☐ no

Follow-up Appt/Plan _____

Contraception (initiated, continued, or restarted)

☐ Post-Emergency Contraception Instructions discussed

☐ Condoms ☐ offered ☐ given

☐ Quick Start contraception initiated (Indicate method) _____

☐ Established method of contraception continued/restarted (Indicate method) _____

Comments _____

Date _____ **RN Signature** _____

Interpreter Signature _____ **Clinician Signature** _____